

APPLICATION FOR ADMISSION IN

INFECTION CONTROL CERTIFICATION PROGRAM FOR NURSES Session 2022 - 2023

Applicant to fix passport size recent colour photograph

1. NA	AME C	F TH	E AP	PLICA	ANT :	MS./ľ	MRS./	MR. (I	N BL	OCK I	ETTI	ERS)												
2. DA	TE O	F BIR	TH		•		•		3. 8	SEX (√)		4. N	AOITA	IALIT	Y		•						
			NANA 1		DV.	EAR]			N401	LE FE	MALE													
5. D0	O YOU SICAL	J HAV DISA					6. DC SPEC		HAVI	E AN	Y MEI					R LEA	RNIN	G DIS	SABIL	ITY TI	HAT N	//AY R	EQUI	RE
7. C	ATEGO	DRY					GI	ENER	AL				ОВО	С			sc	/ST				ОТН	IER S	TATE
8. PE	RMAI	NENT	ADD	RES	S								_									_		
CITY																								
STAT	<u> </u> E																							
PIN C	ODE						9. TE	LEPH	HONE									<u>'</u>						
10. M	OBILE	l :										 11. F-	 MAIL											
+91													=											

12. MAILING ADDRES	S												(SA	ME A	S PE	RMA	NENT	ADDF	RES:	
CITY																					
STATE									I		I				1		1				
PIN CODE			TELE	РНО	NE									\neg							
MOBILE	'			'				E-MA	IL			_	_								
+91																					
3. EDUCATIONAL QU	JALIFICAT	ION	'																		
Examination	Roll No		Year of Passing			Board/ University				Subject Of						% of Marks		Division/ Grade			
10th Std./ High school																					
SSC/(10+2)/Inter																					
Under graduation																					
Post graduation																					
14. ANY OTHER PROF	ESSIONA	L QUA	ALIFIC	CATIC)N / [IPLO	MA														
Name of Professional Qualification/Diploma				Year of Passing					Board/ niversity					of irks		Division/ Grade			Experience in Months/ Years		
			\top																		
															<u></u>		\perp				
5. HAVE YOU EVER B	BEEN AFFI	LIATEI	D WI	TH EF	RA UN	NIVER	RSITY	' IN TH	HE PA	ST ?			YES				NO				
6. IF YES SPECIFY DU	URATION	FROM						TO													
NAME																					
EMPLOYEE ID																					

PARENT/GUARDIAN DETAILS 17. FATHER'S NAME 18. MOTHER'S NAME 19. NAME OF GUARDIAN 20. OCCUPATION OF GUARDIAN 21. HAS YOUR GUARDIAN OR ANY OTHER KNOWN PERSON WORKED AT OR IS WORKING AT ERA UNIVERSITY? YES 22. IF YES SPECIFY DURATION FROMTO NAME EMPLOYEE ID RELATION 23. QUALIFICATION OF GUARDIAN 24. MOBILE OF GUARDIAN 25. EMAIL OF GUARDIAN +91

DECLARATION BY THE CANDIDATE

I further declare that I have fully read the prospectus furnished with the application form and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

PLACE:

Date :

26. LIST OF ENCLOSURE:

POST GRADUATE APPLICANTS ARE INSTRUCTED TO ENCLOSE THE FOLLOWING DETAILS:

S.no.	Particulars	//x
1	Self Attested ID & Address Proof (Aadhar No.)	
2	4 Photographs	
3	Self Attested copy of SSLC Mark Sheet	
4	Self Attested copy of 10+2 Mark Sheet	
5	Registration Certificate of RN & RM	

Signature of the Candidate

Note:

- The candidate must ensure that application is complete and all the necessary documents enclosed before submitting the application.
- Incomplete application submitted without enclosing any necessary documents will not be accepted. No interim correspondence will be made.

The duly filled application should be submitted in person or by post to:

The Admission Cell, Era University, Sarfarazganj, Hardoi Road, Lucknow-226003